. S. No. 2
DM—8-13
v. 5-17-39
I X37823

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15191

Registration District No. 318 Primary Registration District No. 2008 Registrar's No. 4147

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Baptist Hospital 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 6 19
(If outside city or town limits, write "RURAL")

(d) Street No. 4066 Lindell Blvd
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John A. Heman

3. (b) If veteran, name war No

3. (c) Social Security No. 497-18-8522

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Mary S. Beville Heman

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 12th, 1870
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
75	0	26	hr. min.

9. Birthplace (City, town, or county) Penn 1 (State or foreign country)

10. Usual occupation Cook

11. Industry or business Maryland Caffateria

FATHER
12. Name Unknown Heman
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

16. (a) Informant Lester C. Beville

(b) Address 5037a Oleatha Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/45 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Road

19. (a) MAY 10 1945 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 8th
year 1945 hour 5 minute A M.

21. I hereby certify that I attended the deceased from Oct 22, 1935, to May 8, 1945;
that I last saw him alive on May 7, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	5 yrs.
Due to arteriosclerosis	10 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Norton John Eversoll (M. D. or other) MD

Address 4129 Washington Ave Date signed 5/9/45

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1994

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.